UNITED STATES DISTRICT COURT

for the

Southern District of New York

United Specialty Insurance Company))				
Plaintiff(s) V. Lux Maintenance & Ren. Corp., Cornell University, Rockefeller University, The Society of The New York Hospital, Memorial Hospital for Cancer and Allied Diseases, and Manhattan Eye Ear & Throat Hospital))) Civil Action No. 1:18-cv-03083))))				
SUMMONS IN A CIVIL ACTION					
To: (Defendant's name and address) Memorial Hospital for Can 1275 York Avenue New York, New York 1006	ncer and Allied Diseases				
A lawsuit has been filed against you.					
Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney,					
900 Third Avenue	Tannenbaum Helpern Syracuse & Hirschtritt LLP				
If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.					
	CLERK OF COURT				
Date:					
	Signature of Clerk or Deputy Clerk				

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Civil Action No. 1:18-cv-03083

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (1))

was re	This summons for <i>(name ceived by me on (date)</i>	ne of individual and title, if any) .				
	•	the summons on the individual a	at (place)			
			on (date)	; or		
	☐ I left the summons at the individual's residence or usual place of abode with (name)					
	on (date), a person of suitable age and discretion who resides there, on (date), and mailed a copy to the individual's last known address; or					
	☐ I served the summons on (name of individual) , who designated by law to accept service of process on behalf of (name of organization)					
	designated by law to a	accept service of process on bena	on (date)	; or		
	☐ I returned the summ	nons unexecuted because				
	☐ Other (specify):					
	My fees are \$	for travel and \$	for services, for a total of \$	0.00		
	I declare under penalty	of perjury that this information	is true.			
Date:						
			Server's signature			
			Printed name and title			
			Server's address			

Additional information regarding attempted service, etc: